

MULTIPLE DEPENDENT  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

CLAIM

SERIAL NO.

10/552017

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	1		1			
4		1		1		
5		1		1		
6	3	3		1		
7	1			1		
8	1			1		
9	1			1		
10	1			5		
11	1		1			
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TOTAL IND.	4	↓	3	↓		↓
TOTAL DEP.	11	↔	12	↔	↔	↔
TOTAL CLAIMS	15		15			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			↓		↓	
TOTAL DEP.			↔		↔	
TOTAL CLAIMS						

BEST AVAILABLE COPY